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Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000006136 (3)

1. Corporation Name  
EAGLE'S VIEW ACADEMY, INC.



Principal Place of Business: 7800 RAMONA BLVD. JACKSONVILLE FL 32221  
Mailing Address: 7800 RAMONA BLVD. JACKSONVILLE FL 32221-3367

3. Date Incorporated or Qualified: 11/27/1996  
3a. Date of Last Report

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

4. FEI Number: 59-3375779  
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent  
VERNON, ROY C III  
7800 RAMONA BLVD.  
JACKSONVILLE FL 32221

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Roy C. Vernon III  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 2/21/97

Table with 6 rows and 2 columns for Officers and Directors. Each row includes fields for Title, Name, Street Address, and City-ST-ZIP, with a 'DELETE' checkbox.

Table with 6 rows and 2 columns for Additions/Changes to Officers and Directors. Each row includes fields for Title, Name, Street Address, and City-ST-ZIP, with 'Change' and 'Addition' checkboxes.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed; or on an attachment with an address.

SIGNATURE: Kevin Cormier  
Signature and typed or printed name of signing officer or director DATE: 2/21/97 Daytime Phone #: 904-693-3200

CR2E037 (9/96)